

Please type a plus sign (+) inside this box →

Approved for use through 09/30/2000 OMB 0651-0032

Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	WDUMR-022US
		First Named Inventor	Licheng Zeng
COMPLETE IF KNOWN			
		Application Number	/Unknown
		Filing Date	Herewith
		Group Art Unit	Unknown
		Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

(Title of Invention)

the specification of which

is attached hereto
OR

was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable) _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	Certified Copy Attached	NO
PR5113	Australia	05/18/2001	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

Please type a plus sign (+) inside this box →

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U S Parent Application or PCT Parent Number	Patent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)						
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02 attached hereto								
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/> Customer Number _____ →</td> <td>Place Customer No. Bar Code Label Here</td> </tr> <tr> <td colspan="2">OR</td> </tr> <tr> <td><input type="checkbox"/> Registered practitioner(s) name/registration number listed below</td> <td> </td> </tr> </table>			<input type="checkbox"/> Customer Number _____ →	Place Customer No. Bar Code Label Here	OR		<input type="checkbox"/> Registered practitioner(s) name/registration number listed below	
<input type="checkbox"/> Customer Number _____ →	Place Customer No. Bar Code Label Here							
OR								
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below								
Name	Registration Number	Name	Registration Number					
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB02C attached hereto.								
Direct all correspondence to: <table style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/> Customer Number _____</td> <td>OR <input checked="" type="checkbox"/> Correspondence Address Below</td> </tr> <tr> <td colspan="2">or Bar Code Label _____</td> </tr> </table>			<input type="checkbox"/> Customer Number _____	OR <input checked="" type="checkbox"/> Correspondence Address Below	or Bar Code Label _____			
<input type="checkbox"/> Customer Number _____	OR <input checked="" type="checkbox"/> Correspondence Address Below							
or Bar Code Label _____								
Name	Lowell Anderson							
Address	Stetina Brunda Garred & Brucker							
Address	75 Enterprise, Suite 250							
City	Alico Viejo	State	CA	ZIP	92656			
Country	United States	Telephone	(949) 855-1246	Fax	(949) 855-6371			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
Licheng		Zeng						
Inventor's Signature					Date			
Residence City	Baulkham Hills	State	NSW	Country	Australia	Citizenship	Australia	
Post Office Address	14a Hilda Road							
Post Office Address								
City	Baulkham Hills	State	NSW	ZIP	2153	Country	Australia	
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB02A attached hereto								